

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021517

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 589

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield, Mo.</u>		c. CITY OR TOWN <u>Bois D'Arc Mo.</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hosp</u>		d. STREET ADDRESS <u>Rt 1</u>	
3. NAME OF DECEASED (Type or print) <u>Christian Alvin Biellier</u>		4. DATE OF DEATH Month <u>June</u> Day <u>5</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> I DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 23, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Greene Co. Mo.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Farm</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Biellier</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Lile</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-40-6147</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Extensive Carcinomatosis of abdomen with marked liver involvement</u> DUE TO (b) <u>Primary of Colon 2 invasion of duodenum, jejunum, pancreas, stomach & spleen</u> DUE TO (c) <u>operated 11/20/57</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Biellier</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>4/20/57</u> to <u>6/5/58</u> and last saw him alive on <u>6/5/58</u> Death occurred at <u>9:59 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. Roland Langston M.D.</u>		22b. ADDRESS <u>Springfield</u>	
22c. DATE SIGNED <u>6/9/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 7, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Garrouette</u>		23d. LOCATION (City, town, or county) <u>Republic MO.</u>	
24. FUNERAL DIRECTOR <u>J.W. Buch</u>		25. DATE RECD. BY LOCAL REG. <u>6-11-58</u>	
26. REGISTRAR'S SIGNATURE <u>Effie G. Mellon</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8561 8 AUG 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Richard E. Watt

Licensed Embalmer No. 4657
P. O. Address Ashe Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.